PTO/SB/06 (08-03)

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to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Doctor Number 9/93894			
CLAIMS AS FILED — PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
L	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))								s	OR		·	
(37	TAL CLAIMS CFR 1.16(c))		minus 2	0 = .			x s=		OR	x s=		
	DEPENDENT CLAU CFR 1.16(b))	MS	minus 3 =				X \$=		OR	x s =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1	+1 =		OR	+; :		
* If the difference in column 1 is less than zero, enter *0' in column 2.						,	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
10.00									OR	OTHER	R THAN	
	T	(Cotumn 1)	1	(Column 2)	(Column 3)	1	SMALL	NTITY	1	SMALL	ENTITY	
ENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 OFR 1.18(e))	35	Minus	35	=/]_	X 35 5		OA	x \$ 50 =		
Z	Independent (37 CFR 1.15(b))	. 5	Minus	5			×\$ 100=		or)	x : 200 =		
₹	FIRST PRESENT	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))		+ 180 =		OR	+53602		
10. 10.						•	TOTAL ADD'L FEE		OR	TOTAL		
7/06/06(Cotumn 1) (Cotumn 2) (Cotumn 3)										ADDE FEE		
8	1	CLAIMS		HIGHEST	PRESENT	1	2175					
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total (37 CFR 1.16(a))	AMENDINENT	Minus	7/ 1	=		x : <u>a5</u> =	FEE	OR	x :50 =	FEE	
S	Independent (37 CFR 1.1601)	· 🔾	Minus	* 1	=		x : 100 =			x : <u>800</u> =		
AM	<u> </u>	ATION OF MUII TIPLS	DEBEND	ENT CLAN AZ C	ED 1 16(4))				OR	+ = 360 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ 180 =		OR	TOTAL		
							ADD'L FEE		OR	ADD'L FEE		
-	1	(Column 1) CLAIMS		(Calumn 2) HIGHEST	(Column 3)					···		
ENTC		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž.	Total (37 CFR 1.16(c))	•	Minus	••	c		x s <u>25</u> =		OR	x s <u>60</u> =		
AMENDMENT	Independent (37 CFR 1,16(b))	•	Minus	***	2		x \$ <u>100</u> =		OR	x \$_000=		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+ 180=		OR	+:360:		
						•	TOTAL ADD'L FEE	· ·	OR L	TOTAL ADD'L FEE		
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.